

P03000086776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

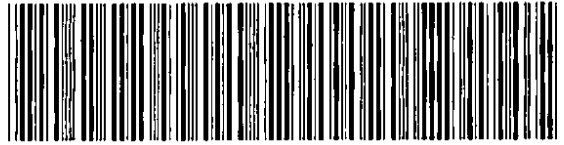
(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 APR 13 AM 11:22

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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2022 APR 13 PM 3:35

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

10

4/27/22
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 14, 2022

CT CORP

CORRECTED
Please Allow For
Same File Date

SUBJECT: HVAC/R PRODUCT SERVICES, INC.
Ref. Number: P03000086776

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The document must state the date the dissolution was authorized.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 322A00008708

RECEIVED
2022 APR 25 AM 10:48
BUREAU OF OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 04/13/2022

Acc#I20160000072

en: c DW

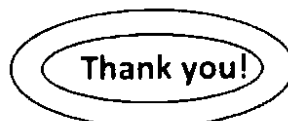
Name:	HVAC/R Product Services, Inc.
Document #:	
Order #:	14270264

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
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Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 35.00



COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Articles of Dissolution

DOCUMENT NUMBER: P03000086776

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tammie Y. Proctor

(Name of Contact Person)

McGuireWoods LLP

(Firm/Company)

2000 McKinney Avenue Suite 1400

(Address)

Dallas, Texas 75201

(City/State and Zip Code)

For further information concerning this matter, please call:

Tammie Y. Proctor

at (469) 372-3925

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:
HVAC/R Product Services, Inc.

SECOND: The document number of the corporation (if known): P03000086776

THIRD: The date dissolution was authorized: April 11, 2022

Effective date of dissolution if applicable: _____
(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

Signature: _____

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Christopher W. Ware

(Typed or printed name of person signing)

Director

(Title of person signing)

Filing Fee: \$35

FILED
2022 APR 13 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA